## Form **LLC-5.30**

July 2017

#### Secretary of State

Department of Business Services Limited Liability Division 501 S. Second St., Rm. 351 Springfield, IL 62756 217-524-8008 www.cyberdriveillinois.com

Payment may be made by check payable to Secretary of State. If check is returned for any reason this filing will be void.

# Illinois Limited Liability Company Act

## **Restated Articles of Organization**

### SUBMIT IN DUPLICATE

Type or print clearly.

Filing Fee: \$150 Approved:

.E	#				

This space for use by Secretary of State.

iling will be void.				
1. Limited Liability Co	ompany name:			
The LLC name must c Inc., Ltd., Co., Limited	ontain the words Limited Liability Compan Partnership, or LP.	y, L.L.C. or LLC, and cannot contain	the terms Corporation, Corp., Incorp	orated,
2. Limited Liability Co	ompany name as originally filed w	ith the Secretary of State:		
3. Address of princip	al place of business: (P.O. Box al	one or c/o is unacceptable.)		
4. The original Article	es of Organization were effective of		lonth, Day, Year	
5. Registered agent's	s name and registered office addr		onii, bay, rear	
	-			
Registered agent:	First Name	Middle Initial	Last Name	
Registered office: (P.O. Box alone or c/o is unacceptable.)	Number	Street	Su	uite #
	City		IL ZIP Coo	 de
	ch the LLC is organized: <b>The tran</b> be organized under this Act and	-		_iabilit

### LLC-5.30

The duration of the co	mpany is perpetual unless otherwi	se stated. If the operating	agreement provides	for a dissolution
date, enter that date h	ere:			
		Month, Day, Year		
(Optional) Provisions	for regulation of internal affairs of	the company:		
	Use additiona	I sheet of this size if necessary		
Name(s) and business	s address(es) of the manager and	any member with the auth	nority of manager:	
Name	Number/Street	City	State	ZIP
Name	Number/Street	City	State	ZIP
Name	Number/Street	City	State	ZIP
Name	Number/Street	City	State	ZIP
Organization are exec	ns, under penalties of perjury, haviuted pursuant to Section 5-30 of the true, correct and complete.  Dated	ne Limited Liability Compa	any Act and are to th	ne best of my
		Month & Day	Ye	ear
		Signature		
	<del></del>	Name and Title (type or p	rint)	